

**State Health Benefit Plan
School Board Members Premium Rates
Calendar Year 2008**

Effective January 1, 2008

	SINGLE				FAMILY		
	Employee	Employer	Total		Employee	Employer	Total
	Deduction	Contribution	Premium		Deduction	Contribution	Premium
UnitedHealthcare PPO	\$78.26	\$340.00	\$418.26		\$622.16	\$340.00	\$962.16
UnitedHealthcare PPO Tobacco	\$118.26	\$340.00	\$458.26		\$662.16	\$340.00	\$1,002.16
UnitedHealthcare PPO Spouse	N/A	N/A	N/A		\$652.16	\$340.00	\$992.16
UnitedHealthcare PPO Tobacco & Spouse	N/A	N/A	N/A		\$692.16	\$340.00	\$1,032.16
United PPO CCO	\$126.52	\$326.12	\$452.64		\$715.14	\$326.12	\$1,041.26
United PPO CCO Tobacco	\$166.52	\$326.12	\$492.64		\$755.14	\$326.12	\$1,081.26
United PPO CCO Spouse	N/A	N/A	N/A		\$745.14	\$326.12	\$1,071.26
United PPO CCO Tobacco & Spouse	N/A	N/A	N/A		\$785.14	\$326.12	\$1,111.26
United Indemnity	\$290.40	\$441.68	\$732.08		\$914.06	\$441.68	\$1,355.74
United Indemnity Tobacco	\$330.40	\$441.68	\$772.08		\$954.06	\$441.68	\$1,395.74
United Indemnity Spouse	N/A	N/A	N/A		\$944.06	\$441.68	\$1,385.74
United Indemnity Tobacco & Spouse	N/A	N/A	N/A		\$984.06	\$441.68	\$1,425.74
CDHP (Definity HRA & Lumenos HRA)	\$56.92	\$256.56	\$313.48		\$423.30	\$256.56	\$679.86
CDHP (Definity HRA & Lumenos HRA) Tobacco	\$96.92	\$256.56	\$353.48		\$463.30	\$256.56	\$719.86
CDHP (Definity HRA & Lumenos HRA) Spouse	N/A	N/A	N/A		\$453.30	\$256.56	\$709.86
CDHP (Definity HRA & Lumenos HRA) Tobacco & Spouse	N/A	N/A	N/A		\$493.30	\$256.56	\$749.86
CDHP (Definity HRA & Lumenos HRA)	\$92.02	\$247.24	\$339.26		\$488.52	\$247.24	\$735.76
CDHP CCO (Definity HRA & Lumenos HRA) Tobacco	\$132.02	\$247.24	\$379.26		\$528.52	\$247.24	\$775.76
CDHP CCO (Definity HRA & Lumenos HRA) Spouse	N/A	N/A	N/A		\$518.52	\$247.24	\$765.76
CDHP CCO (Definity HRA & Lumenos HRA) Tobacco & Spouse	N/A	N/A	N/A		\$558.52	\$247.24	\$805.76
UnitedHealthcare Choice HMO	\$82.84	\$371.56	\$454.40		\$613.92	\$371.56	\$985.48
UnitedHealthcare Choice HMO Tobacco	\$122.84	\$371.56	\$494.40		\$653.92	\$371.56	\$1,025.48
UnitedHealthcare Choice HMO Spouse	N/A	N/A	N/A		\$643.92	\$371.56	\$1,015.48
UnitedHealthcare Choice HMO Tobacco & Spouse	N/A	N/A	N/A		\$683.92	\$371.56	\$1,055.48
UnitedHealthcare Choice HMO CCO	\$148.08	\$343.68	\$491.76		\$722.80	\$343.68	\$1,066.48
UnitedHealthcare Choice HMO CCO Tobacco	\$188.08	\$343.68	\$531.76		\$762.80	\$343.68	\$1,106.48
UnitedHealthcare Choice HMO CCO Spouse	N/A	N/A	N/A		\$752.80	\$343.68	\$1,096.48
UnitedHealthcare Choice HMO CCO Tobacco & Spouse	N/A	N/A	N/A		\$792.80	\$343.68	\$1,136.48
BlueCross BlueShield of GA HMO	\$78.98	\$240.76	\$319.74		\$452.66	\$240.76	\$693.42
BCBS HMO Tobacco	\$118.98	\$240.76	\$359.74		\$492.66	\$240.76	\$733.42
BCBS HMO Spouse	N/A	N/A	N/A		\$482.66	\$240.76	\$723.42
BCBS HMO Tobacco & Spouse	N/A	N/A	N/A		\$522.66	\$240.76	\$763.42
BCBS HMO CCO	\$141.20	\$204.82	\$346.02		\$545.60	\$204.82	\$750.42
BCBS HMO CCO Tobacco	\$181.20	\$204.82	\$386.02		\$585.60	\$204.82	\$790.42
BCBS HMO CCO Spouse	N/A	N/A	N/A		\$575.60	\$204.82	\$780.42

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BCBS HMO CCO Tobacco & Spouse	N/A	N/A	N/A	\$615.60	\$204.82	\$820.42
Kaiser Permanente HMO	\$85.34	\$321.82	\$407.16	\$492.34	\$321.82	\$814.16
Kaiser Permanente HMO Tobacco	\$125.34	\$321.82	\$447.16	\$532.34	\$321.82	\$854.16
Kaiser Permanente HMO Spouse	N/A	N/A	N/A	\$522.34	\$321.82	\$844.16
Kaiser Permanente HMO Tobacco & Spouse	N/A	N/A	N/A	\$562.34	\$321.82	\$884.16
Kaiser Permanente HMO CCO	\$152.58	\$325.82	\$478.40	\$630.80	\$325.82	\$956.62
Kaiser Permanente HMO CCO Tobacco	\$192.58	\$325.82	\$518.40	\$670.80	\$325.82	\$996.62
Kaiser Permanente HMO CCO Spouse	N/A	N/A	N/A	\$660.80	\$325.82	\$986.62
Kaiser Permanente HMO CCO Tobacco & Spouse	N/A	N/A	N/A	\$700.80	\$325.82	\$1,026.62
UnitedHealthcare High Deductible Plan (HDHP)	\$49.50	\$306.02	\$355.52	\$465.02	\$306.02	\$771.04
UnitedHealthcare High Deductible Plan (HDHP) Tobacco	\$89.50	\$306.02	\$395.52	\$505.02	\$306.02	\$811.04
UnitedHealthcare High Deductible Plan (HDHP) Spouse	N/A	N/A	N/A	\$495.02	\$306.02	\$801.04
UnitedHealthcare High Deductible Plan (HDHP) Tobacco & Spouse	N/A	N/A	N/A	\$535.02	\$306.02	\$841.04
UnitedHealthcare High Deductible Plan (HDHP)	\$80.04	\$304.70	\$384.74	\$529.72	\$304.70	\$834.42
UnitedHealthcare High Deductible Plan (HDHP) Tobacco	\$120.04	\$304.70	\$424.74	\$569.72	\$304.70	\$874.42
UnitedHealthcare High Deductible Plan (HDHP) Spouse	N/A	N/A	N/A	\$559.72	\$304.70	\$864.42
UnitedHealthcare High Deductible Plan (HDHP) Tobacco & Spouse	N/A	N/A	N/A	\$599.72	\$304.70	\$904.42